

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 07991 111
 Reg. Dist. No.

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....East New Market, P.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....15 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Dorchester
 City or town.....East New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Rt. 3, S.E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....none

3. (a) FULL NAME

Georgia C. Assmussen

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white Married

6. (b) Name of husband or wife Fritz Assmussen6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) Feb 15, 1891

8. AGE: Years 55 Months 6 Days 26 If less than one day
hrs.min.

9. Birthplace Cambridge
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Edward J. Conway13. Birthplace Dorchester14. Maiden name Elizabeth Willey15. Birthplace Dor. Co16. Informant Fritz AssmussenAddress East New Market Md17. Burial Date thereof 8-30-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge Md18. Funeral director Kenneth R. ThomasAddress Cambridge, Md.19. 8/30 19 46 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1946, at 8:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1945 19 46, to Aug 19 46and that I last saw her alive on Aug 15 19 46Immediate cause of death Angina pectoris

DURATION

2 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE R. D. Brown M.D.Address East New Market Md M. D. or otherDate signed 8/29/46

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SEP 5 1946
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07992

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....11 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?.....11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Talbot
 City or town.....Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....☒

3. (a) FULL NAME

H.
Elizabeth Brunker

3. (b) Social Security Number

none

4. Sex.....Female
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....Charles Brunker
 6.(c) If alive, give age.....88 years
 7. Birth date of deceased (mo., day, yr.).....February 18 1864
 8. AGE: Years.....82 Months.....5 Days.....22 If less than one day.....hrs.min.

9. Birthplace.....Whitman, Talbot county Maryland
 (Town, county, and state)
 10. Usual occupation.....Housewife
 11. Industry or business.....Own home
 12. Name.....Robert Harrison
 13. Birthplace.....Talbot County Maryland
 14. Maiden name.....Thomas
 15. Birthplace.....Talbot County, Maryland

16. Informant.....Hospital Records
 Address.....Cambridge, Maryland
 17. Burial.....Spring Hill
 (Burial, cremation, or removal? Which?) Date thereof.....Aug. 12, 1946
 (month) (day) (year)
 Cemetery or crematory.....Easton, Md.
 Location.....F. Cecil Clark
 18. Funeral director.....Easton, Md.
 Address.....
 19. 8/10 19 46 N-H. Neerud
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 9 19 46, at 6 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 29 19 46, to August 9 19 46
 and that I last saw h.....er.....alive on.....August 9 19 46
 Immediate cause of death.....Hypertensive cardiovascular disease
 DURATION.....unknown
 Due to.....Senility
 Due to.....
 Other conditions.....Senile Psychosis.....5 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE.....Wm. J. Brummett, Jr.
 M. D. or other.....
 Address.....Cambridge, Maryland Date signed.....8/9/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. FRANK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07993
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 372 Pine St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Nemiah C. Camper

3.(b) Social Security Number

4. Sex male 5. Color or race col 6.(c) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Don't know7. Birth date of deceased (mo., day, yr.) Jan 1, 1879 6.(c) If alive, give age years8. AGE: 69 Years Months Days If less than one day hrs. min.9. Birthplace Dorchester Co
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Charles Camper13. Birthplace Trinidad14. Maiden name Sarah Hughes15. Birthplace Dorchester Co16. Informant Mamie YoungAddress Pine St Cambridge Md17. Burial Date thereof Aug 14, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Hughes Mission18. Funeral director Seibert H. BayneAddress Cambridge Md19. 8-13-46 Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1946 at 11 A M21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Oct 10 to 15 Aug 1946and that I last saw him alive on August 1946Immediate cause of death Cerebral Hemorrhage DURATION 4 wksDue to Arteriosclerosis

Due to

Other conditions Aplastic Anemia

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Jones M. D. 8/13/46Address Cambridge Md Date signed

RE

AUG 15 1946

BUREAU V B

Address 13

Place & Cambridge Date signed Aug 3, 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH



Reg. Dist. No. 07995-173

1. PLACE OF DEATH:

County DorchesterCity or town Reids Grove
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Reids Grove
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Anna May Coleman

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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6. (b) Name of husband or wife Augustus M. Coleman
6. (c) If alive, give age _____ years7. Birth date of deceased (mo., day, yr.) October 24, 1939

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>9</u>	<u>24</u>	_____ hrs. _____ min.

9. Birthplace Reids Grove Maryland
(Town, county, and state)10. Usual occupation Unemployed

11. Industry or business _____

12. Name D. Lee Coleman13. Birthplace Hurlock, Maryland R.F.D.14. Maiden name Ethel Dennis15. Birthplace Dorchester County, Maryland16. Informant D. Lee ColemanAddress Reids Grove, Maryland17. Burial Date thereof August 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reids Grove CemeteryLocation Reids Grove, Maryland18. Funeral director J. P. Frampton and SonAddress Federalburg, Maryland19. Aug 19 1946
(Date rec'd by registrar)Elizabeth M. Beale
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1946 at 10 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16th, 1946 to August 17th, 1946and that I last saw him alive on August 17th, 1946Immediate cause of death General Toxaemia
from Malignant Diphtheria.

DURATION

Due to Diphtheria.

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____

Edward E. Lamkin, M.D. Virginia, Md.

Address _____ Date signed _____

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

07996

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Eugene A. Conway

3. (b) Social Security Number

169-16-5422

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Sarah Jane Conway</u>		6. (c) If alive, give age. <u>62</u> years	
7. Birth date of deceased (mo., day, yr.) <u>September 14, 1882</u>			
8. AGE: Years <u>63</u>	Months <u>11</u>	Days <u>17</u>	If less than one day hrs. min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Day laborer11. Industry or business Canning Factory12. Name Stephen Dockins13. Birthplace Dorchester County, Maryland14. Maiden name Mahaly Conway15. Birthplace Dorchester County, Maryland16. Informant Sarah Jane ConwayAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof September 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hopewoods CemeteryLocation Near East New Market, Maryland18. Funeral director J. J. Traubman and sonAddress Federalburg, Maryland19. Sept 2 - 1946 Charles Easting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1946 at 3:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25, 1946 to Aug. 31, 1946and that I last saw him Aug. 31, 1946 alive on Aug. 31, 1946Immediate cause of death Carcinoma of the ColonDURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harvard T. Pratt, M.D.Address Easton, Md. Date signed 9/2/46

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SEP 27 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07997

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Howard
City or town Fishing Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: home
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
City or town Fishing Creek Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near A-E Phillips packing house
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Chris Lee Creighton

3. (b) Social Security Number

no

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 9 - 1946

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. 30 min.

9. Birthplace Fishing Creek, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Thurman Howard Creighton

13. Birthplace Fishing Creek, Md

14. Maiden name Loathy, Alene Bradford

15. Birthplace Croft, Md

16. Informant Loathy Creighton

Address Fishing Creek, Md

17. Burial Date thereof Aug 10 / 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Horierbren Cemetery

Location Fishing Creek, Md

18. Funeral director Thurman Howard Creighton

Address Fishing Creek, Md

19. Aug 10 1946 James W. Meade
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1946 at 12:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1946, to Aug 10 1946 and that I last saw him alive on Aug 10 1946

Immediate cause of death Premature Birth
first time gestation 5 mos
Due to Placental separation 3 mo.
of placenta
Due to unknown causes

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James W. Meade M.D.

Address Fishing Creek, Md Date signed Aug 10 / 46

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48a)

CERTIFICATE OF DEATH

07998

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 yearsHospital, institution, or street address where death occurred:
HomeHow long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 101 Franklin Street
(If rural, give LOCATION)2. (a) If veteran, name war X

3. (a) FULL NAME

M. ONEIDA STEPHENS DODSON.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Edward Everett Dodson6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) 6/23/19008. AGE: Years 46 Months 1 Days 10 It less than one day
hrs. min.9. Birthplace Templeman, Virginia
(Town, county, and state)10. Usual occupation Sales-lady11. Industry or business J. C. Penny Co.12. Name Joseph A. Stephens13. Birthplace Va.14. Maiden name Matilda H. Middleton15. Birthplace Va.16. Informant Edward Everett DodsonAddress Cambridge, Md.17. Burial Date thereof 8/6/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreenlawnLocation Cambridge, Md.18. Funeral director LeCompte Funeral Service.Address Cambridge, Md.19. Aug 6 - 1946 John Mace Jr Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1946 at 6:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 13 1945 to Aug 3 1946
and that I last saw ER alive on August 3 1946Immediate cause of death Metastatic Carcinoma

DURATION

Due to Adenocarcinomaof cervix and uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma
cervix Date of op. June 13, 1946Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Stevens M. D. or other
Address Cambridge Md Date signed 8/5/46

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AUG 8 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07999

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Rural-Woolfords
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....1 Year
 Hospital, institution, or street address where death occurred:
Home-Woolfords
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Dorchester
 City or town.....Rural-Woolfords
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Woolfords
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Mattie E. Graham

3.(b) Social Security Number

-

4. Sex.....Female 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Widowed
 6.(b) Name of husband or wife.....Clarence H. Graham
(Died 7/21/1945) 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....1884
 8. AGE: Years.....63 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....Sayville, Long Island, N. Y.
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....

FATHER 12. Name.....John Newton
 13. Birthplace.....Long Island, N. Y.
 MOTHER 14. Maiden name.....Alice Craven
 15. Birthplace.....Maryland

16. Informant.....Mrs. Elizabeth Bramble
 Address.....Woolfords, Maryland

17. Burial Date thereof.....Aug. 30, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Hampton Bays,
 Location.....Long Island, N. Y.

18. Funeral director.....LeCompte's Funeral Service
 Address.....Cambridge, Maryland

19. 8-39- 46 John MacC...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 26, 1946 at 5:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 19, 46 to Aug 26, 1946
 and that I last saw him alive on Aug 26, 1946

Immediate cause of death.....Uremia
Stenosis

DURATION.....10 Days
 Due to.....Disruptive Cardio-vascular
Renal Disease
 Due to.....Etiology unknown
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE.....James G. Thompson M.D.
Richard, M.D. M. D. or other
 Address..... Date signed.....27 Aug 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Thompson

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Brockton
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lydia A. Griffith

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal) Which?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 46 at 11:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1 19 46 to August 17 19 46

and that I last saw him/her alive on _____ 19 _____

Immediate cause of death

DURATION

Insanition 3 weeks

Due to

Cerebral Arteriosclerosis and cerebral anemia 3 weeks +

Due to

General Arteriosclerosis 5 yrs +

Other conditions

Senile psychosis -
Deterious + Confused type 3 weeks +
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

W C Harrison MD

M. D. or other

Address Hurlock Md. Date signed 8/20/46

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CENTRAL BUREAU OF HEALTH

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SEP 6 1946

BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of usual residence of deceased is shown on

FILM No. I O 7 SEP 16 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(173)

08001

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Clarence B. Harvey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Jan 47, 1891 6. (c) If alive, give age _____ years

8. AGE: Years 55 Months 7 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace _____
(Town, county, and state)

10. Usual occupation Asst Mgr. Wat. Co.

11. Industry or business _____

12. Name Benjamin F. Harvey

13. Birthplace Ind

14. Maiden name Lilly Lee Moore

15. Birthplace Ind

16. Informant Mrs. Brooks Parker

Address Hurlock

17. Burial Buried Date thereof Sept 19, 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director F. B. Thibault

Address East New Market

19. 8/31 19 46 John R. Jones

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 19 46 at _____ M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 24 19 46 to Aug 30 19 46 and that I last saw him alive on August 30 19 46

Immediate cause of death MYOCARDIAL FAILURE DURATION 12 HOURS

Due to MYOCARDIAL HYPERTROPHY 7
ESSENTIAL HYPERTENSION

Due to _____

Other conditions SEVERE HEMORRHAGE FROM
PEPTIC ULCER 9 days
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results Same
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. J. Jones M.D. or other _____

Address CAMBRIDGE Md Date signed 8/30/46

RECEIVED

SEP 3 1946

BUREAU VER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (M42)

CERTIFICATE OF DEATH

08002

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -

Hospital, institution, or street address where death occurred:

307 Locust St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 307 Locust St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

George W. James

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Elen Park James</u>			
6. (c) If alive, give age <u>66</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 18, 1872</u>			
8. AGE: Years <u>73</u>	Months <u>11</u>	Days <u>8</u>	If less than one dayhrs.min.

9. Birthplace Cambridge, RFD # 3, Maryland
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name J. George James13. Birthplace Maryland14. Maiden name Martha Ann Cook15. Birthplace Maryland16. Informant Mrs. Russell MarshallAddress Cambridge, Maryland17. Burial Date thereof Aug. 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland16. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. Aug. 28, 1946 John Marshall Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1946 at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1st 1946 to 8-26 1946
and that I last saw him alive on Aug - 26 1946

Immediate cause of death

Myocardial Failure
and uremia
due to
arterio-sclerotic
Cardio-vascular Renal disease

DURATION

3 days
3 weeks
6 wks

Due to

Other conditions

Cirrhosis of liver4 wks

(Include pregnancy within 3 months of death)

Major findings of operations

NoneDate of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Wafford

M. D. or other

Address Cambridge, Md.Date signed 8-26-46

RECEIVED

AUG 29 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08003
116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month 12 days
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 1 month 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester Co.
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

Annie Ladd

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mr. Woodberry Ladd
Cambridge, Md. 6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Jan. 11, 1884
8. AGE: Years 62 Months 7 Days 3 If less than one day _____ hrs. _____ min.
9. Birthplace Cambridge Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Gustav B. Smith
13. Birthplace Cambridge, Maryland
14. Maiden name Mary E. Condon
15. Birthplace Dorchester County

16. Informant Eastern Shore State Hospital Records
Address Cambridge, Maryland
17. Burial Date thereof 8/11/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Old Trinity
Location Church Creek, Md.
18. Funeral director LeCompte Funeral Service.
Address Cambridge, Md.,
8-10-46
19. (Date rec'd by registrar) 19 46 John M. J. M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 19 46 at 3:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 19 46 to August 8 19 46
and that I last saw her er alive on August 8 19 46
Immediate cause of death Bronchopneumonia DURATION 1 day
Due to Arthritis-Chronic 11 yrs.
Due to _____
Other conditions Decubitus ulcers 6 wks
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE

Chas. J. M. M. D. or other
Address Cambridge, Md. Date signed 8/8/46

RECEIVED

AUG 10 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

08004

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Church Creek
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie E. Laws

3. (b) Social Security Number

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

Female Colored widow6. (b) Name of husband or wife Eugene Laws dead

7. Birth date of deceased (mo., day, yr.)

Jan 22

6. (c) If alive, give age _____ years

18.80

8. AGE:

Years

Months

Days

If less than one day

66711

hrs.

min.

9. Birthplace

Church Creek
(Town, county, and state)

10. Usual occupation

Lab

11. Industry or business

me

MOTHER
FATHER

12. Name

Elic Banks

13. Birthplace

Maryland

14. Maiden name

Margaret A. Banks

15. Birthplace

Maryland

18. Informant

Hazel Henry

Address

Newark Md

17.

(Burial, cremation, or removal. Which?)

Date thereat

(month, day, year)

Cemetery or crematory

Church Creek

Location

18. Funeral director

Leif H. Bayne

Address

Cambridge Md

19.

(Date rec'd by registrar)

19

468-271946John MacemdCambridge8-271946John MacemdCambridge8-271946John MacemdCambridge8-271946John MacemdCambridge8-271946John MacemdCambridge8-271946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 24

19

46

at

11A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 16

19

46

to

Aug 24

19

46

and that I last saw

Per alive onAug 24

19

46

Immediate cause of death

Carcinoma
Colon

DURATION

Due to

Due to

Other conditions

Broncho pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hugh Brown MD

M. D. or other

Address

Cambridge

Date signed

8/27/46

RECEIVED:

AUG 29 1946

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

Reg. Dist. No. 118

1. PLACE OF DEATH:

County WorcesterCity or town Burlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Burlock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Myra W. Le Compte

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of

deceased (mo., day, yr.)

Mar 4 1884

8. AGE:

Years

Months

Days

If less than one day

685

hrs.

min.

9. Birthplace

Ind

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal? Which?)

Date thereof

Aug 11, 1946
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 46

Charles W. Harding
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9 1946 5:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/12/44 1944, to 8/9 1946and that I last saw her alive on 8/8/ 1946Immediate cause of death Pulmonary embolus
possibly on the right side

DURATION

ImmediateDue to arteriosclerosis and
varicosities

Due to _____

Other conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Blum

M. D. or other _____

Address Preston Maryland Date signed 8/12/46

RECEIVED
AUG 22 1966
BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

08006

1. PLACE OF DEATH:

County... DORCHESTER
 City or town... CAMBRIDGE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 1 Year
 Hospital, institution, or street address where death occurred:
CAMBRIDGE MARYLAND HOSPITAL
 How long in hospital or institution?... 2 WKS. 1 DAY

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester
 City or town... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Willie St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

HERBERT C. LEWIS

3. (b) Social Security Number

4. Sex... MALE 5. Color or race... WHITE 6.(a) Single, married, widowed, or divorced... WIDOWED
 6.(b) Name of husband or wife... Stella Bassett
(Died 1919) 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.)... MAR. 7, 1876.
 8. AGE: Years... 70 Months... 4 Days... 22 If less than one day... hrs. min.

9. Birthplace... Drumbridge Dor. Co., MARYLAND
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name... Winnie Lewis
 13. Birthplace... Maryland
 MOTHER 14. Maiden name... Elinor Hurler
 15. Birthplace... Cambridge Dorchester Co. Md.

16. Informant... Mr. Fred Banning
 Address... Willie St., Cambridge, Md.

17. Burial... Burial Date thereof... Aug. 11, 1946.
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Cambridge Cemetery
 Location... Cambridge, Maryland.

18. Funeral director... LeCompte's Funeral Service
 Address... Cambridge, Maryland.

19. Aug 10 - 1946 John Marye, Md.
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 9 19... 46 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 2 19... 46 to Aug 9 19... 46
 and that I last saw him alive on August 8 19... 46

Immediate cause of death... Anemia
Cirrhosis of liver.
 Due to.....

Other conditions... Cardio vascular disease
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE... John Marye, Md. M. D. or other
 Address... Cambridge Md. Date signed... 8-9-46

DURATION

3 1/2 days

2 yrs

RECEIVED

RECEIVED

RECEIVED

AUG 10 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on _____ is especially important. Physicians: please write the causes of death clearly and legibly

Evidence for change of age of deceased is shown on _____

2411 N. Charles St., Baltimore (32)

P 08007

FILE No. 107 SEP 13 1946
FILE No. 107 SEP 16 1946

CERTIFICATE OF DEATH

Reg. Dist. No. _____

1. PLACE OF DEATH:

County.....Dorchester
City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....1 month 5 days
Hospital, institution, or street address where death occurred:
.....Eastern Shore State Hospital
How long in hospital or institution?.....1 month 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Maryland County.....
City or town.....Baltimore City
(If outside city or town limits, write RURAL and give nearest town)
Street No.....2852 Pelham Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war.....✓

3.(a) FULL NAME

Frank D. Noel

3.(b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Single
6.(b) Name of husband or wife.....
6.(c) If alive, give age.....years
7. Birth date of deceased (mo., day, yr.).....December 17, 1877
8. AGE: Years.....68 69 Months.....4 Days.....10 If less than one day.....hrs.min.
✓

9. Birthplace.....Baltimore, Maryland
(Town, county, and state)
10. Usual occupation.....Lawyer
11. Industry or business.....
FATHER 12. Name.....Charles Woodside Noel
13. Birthplace.....Pennsylvania
MOTHER 14. Maiden name.....Mary Jane Standiford
15. Birthplace.....Maryland

16. Informant.....Eastern Shore State Hospital Records
Address.....Cambridge, Maryland

17. Burial (Burial, cremation, or removal, Which?).....Date thereof.....Aug-9-1946
(month) (day) (year)
Cemetery or crematory.....THE ZION
Location.....Forestland-Md.
18. Funeral director.....Stewart & Mowen Co.
Address.....Balto, Md.

19. 8/8 46 W. Wegrich Registrar
(Date rec'd by registrar).....19.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 7.....19 46 at 3:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....July 2.....19 46 to.....August 7.....19 46
and that I last saw him alive on.....August 7.....19 46

Immediate cause of death.....Hypertensive cardio-vascular disease

Due to.....Chronic bronchitis with asthma

Due to.....

Other conditions.....Arthritis
.....Encrusted left eye
(Include pregnancy within 3 months of death)

Major findings of operations.....
.....Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....
Where did injury occur?.....(City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury.....Injured at work?

23. SIGNATURE.....
M. D. or other
Address.....Date signed.....8/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08008

★ Reg. Dist. No. 116

1. PLACE OF DEATH:

County Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about a year
 Hospital, institution, or street address where death occurred:
189 Washington St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland Codoly Worcester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 189 Washington St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Caroline Pinkett

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife John P. Pinkett
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) (unknown) 1866
 8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Oldfield Md
 (Town, county, and state)
 10. Usual occupation housewife

11. Industry or business

12. Name John Montgomery
 13. Birthplace Oldfield
 14. Maiden name Hester Montgomery
 15. Birthplace Oldfield

16. Informant John Vaughn
 Address 189 Washington St

17. burial Date thereof Aug 23 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory old field cemetery
 Location oldfield md

18. Funeral director H. M. St. Clair
 Address 308 Meir Street

19. Aug 23 46 John M. St. Clair Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1946 at 2³⁰ A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1946 to Aug 21 1946
 and that I last saw her alive on Aug 14 1946

Immediate cause of death Cerebral Hemorrhage DURATION 8 days

Due to Cardiovascular disease with hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Signature John P. St. Clair M.D. or other _____

23. SIGNATURE Cambridge Md M.D. or other _____
 Address _____ Date signed 8-22-46

RECEIVED

AUG 24 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

08009

1. PLACE OF DEATH:

County DorchesterCity or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Years

Hospital, institution, or street address where death occurred:

Church CreekHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Church Creek

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME

Christopher Reilly

3.(b) Social Security Number

214-07-8145

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 15, 1946 at 2: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 15, 1946 to August 15, 1946and that I last saw him alive on August 15, 1946

Immediate cause of death

Coronary occlusion

DURATION

8 hours

Due to

arteriosclerotic
cardiovascular disease

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings of operations

NoneDate of op. —

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) —Means of Injury —Injured at work? —

23. SIGNATURE

Eldridge H. Hoffmann, M.D.Address Cambridge, Md.Date signed 8-16-466.(b) Name of husband or wife Cora Hurley

(Died 7/3/1942.)

6.(c) If alive, give age — years

7. Birth date of

deceased (mo., day, yr.)

Jan. 27, 1880.

8. AGE:

Years

Months

Days

If less than one day

66618— hrs.— min.

9. Birthplace

Fairfield, Conn.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

12. Name

Thomas Reilly

13. Birthplace

Conn.

14. Maiden name

Not Known

15. Birthplace

1111

16. Informant

Mrs. Stokes Keyes

Address

Cambridge, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 17, 1946

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.19. Aug 17, 1946

(Date rec'd by registrar)

John Macleod, Registrar

RECEIVED

AUG 19 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No.

08010 //6

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)Street No. 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George M. Revell4. Sex M 5. Color of race W 6. (a) Single, married, widowed, or divorced MarriedB. (b) Name of husband or wife Nettie Hill6. (c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) Nov. 21, 18618. AGE: Years 84 Months 9 Days 12 If less than one day
.....hrs.min.9. Birthplace Fairmount
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John H. Revell13. Birthplace unknown14. Maiden name Sarah Ford Farrison15. Birthplace unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof August 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairmount CemeteryLocation Fairmount, Md.18. Funeral director Harry B. MilesAddress Upper Fairmount, Md.19. Aug 24, 1946 John Mason Jr. Registrar
(Date, read by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23, 1946 at 11:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21, 1946 to August 23, 1946 and that I last saw him alive on August 23, 1946Immediate cause of death myocarditis
DURATION 4 years

Due to

Due to

Other conditions arteriosclerosissenile psychosis
(Include pregnancy within 8 months of death)Major findings of operations
Date of op.Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

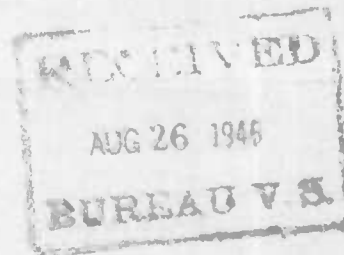
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hubert B. Sarauet M. D. or other
Address Cambridge, Md. Date signed 8/23/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

 08011
 Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 Years
 Hospital, institution, or street address where death occurred:
139 Race St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 139 Race St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Anna Marie Schraff

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Christian R. Schraff</u>			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 5, 1893</u>			
8. AGE: Years <u>52</u>	Months <u>11</u>	Days <u>9</u>	6. (c) If alive, give age <u>60</u> years If less than one day hrs. min.

9. Birthplace Winnsite, Nebraska
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Frank Fleischman

13. Birthplace Germany

14. Maiden name Not Known

15. Birthplace Germany

16. Informant Mr. C. R. Schraff

Address Cambridge, Maryland.

17. Burial Date thereof Aug. 16, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Aug. 16, 1946 John Mace Jr. MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1946 at 5: P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 13, 1946 to 8/14
 and that I last saw her alive on 8/14 19 46

Immediate cause of death
RT. CEREBRAL HEMORRHAGE
 DURATION
24 HRS
 Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to

Other conditions CHRONIC NEPHRITIS WITH EDEMA
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. or other
Cambridge, Md. 8/16/46
 Address Date signed

RECEIVED
AUG 19 1946
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

08012

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
RFD # 3
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 3
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

Sarah Hubbard Seward

3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Franklin Seward</u>			
7. Birth date of deceased (mo., day, yr.) <u>Dec. 25, 1893</u>			
8. AGE: Years <u>52</u>	Months <u>8</u>	Days <u>1</u>	6. (c) If alive, give age <u>-</u> years If less than one day hrs. min.

9. Birthplace Cambridge, Maryland
 (Town, county, and state)

10. Usual occupation -11. Industry or business -12. Name Olin F. Hubbard13. Birthplace Maryland14. Maiden name Mattie Hubbard15. Birthplace Maryland16. Informant Mrs. Agnes HubbardAddress RFD # 3, Cambridge, Md.

17. Burial Date thereof Aug. 28, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland.18. Funeral director McCombs Funeral Ser.Address Cambridge, Maryland

19. Aug 27 - 1946
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1946 at 6:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946 to death 1946

and that I last saw him alive on Aug 26 1946

Immediate cause of death Starka (P. a. r. p.)(2) Anemic aplastic

DURATION

1 yr.Due to General Carcinoma Metastasis7 yr.Due to Metastasis from Ca of breastOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

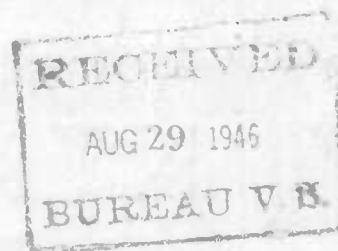
Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE James A. Thompson MD

M. D. or other

Address Cambridge, Md. Date signed Aug 27, 1946



Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
name of county & town where death occurred is shown on
FILM No. I 06 SEP 5 1946 CERTIFICATE OF DEATH

08013

Reg. Diat. No. 116

1. PLACE OF DEATH:

County.....Dorchester
City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Ella Sharkey

3. (b) Social Security Number

4. Sex.....5. Color or race.....6. (a) Single, married, widowed, or divorced.....

female.....Caucasian.....widowed

6. (b) Name of husband or wife.....dad

7. Birth date of deceased (mo., day, yr.).....8. (c) If alive, give age.....years

Mar 9, 1879

8. AGE: Years.....Months.....Days.....If less than one day.....hrs.....min.

67

9. Birthplace.....

Maryland
(Town, county, and state)

10. Usual occupation.....

laborer

11. Industry or business.....

none

12. Name.....

George Standley

13. Birthplace.....

Maryland

14. Maiden name.....

Martha Standley

15. Birthplace.....

Maryland

16. Informant.....

Minnie Dennis

Address.....

Cambridge

17. (Burial, cremation, or removal, Which?).....Date thereof.....

23 Aug 23, 1946

Cemetery or crematory.....

Bethel Cemetery

Location.....

Cambridge

18. Funeral director.....

Lemuel H. Bayne

Address.....

Cambridge Md

19. 8-23-46 1946 John M. Bayne Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 19, 1946, at 8:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8, 1945, to Aug. 19, 1946.

and that I last saw him alive on Aug. 19, 1946.

Immediate cause of death.....

Large aneurysm of left foot

Due to.....

Arteriosclerosis

Other conditions.....

Myocardial infarction and hypertension

(Include pregnancy within 3 months of death)

Major findings of operations.....

Large aneurysm of left foot

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town).....(County).....(State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....Injured at work?.....

Signature.....

8-23-46

Address.....

Cambridge Md

Date signed.....

8-23-46

1946

Registrar

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED

AUG 24 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

CERTIFICATE OF DEATH

08014

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 months 1 day
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... 5 months 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Worcester
 City or town..... Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ☒

3. (a) FULL NAME

Lillian Smullen

3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widow

6.(b) Name of husband or wife..... Elijah Smullen

7. Birth date of deceased (mo., day, yr.)..... June 1880 8.(c) If alive, give age..... years

8. AGE: Years..... 66 Months..... 1 Days..... 18 It less than one day..... hrs. min.

9. Birthplace..... Maryland
(Town, county, and state)10. Usual occupation..... Housewife11. Industry or business..... Own Home12. Name..... Unknown

13. Birthplace.....

14. Maiden name..... Mary Hitch15. Birthplace..... Maryland16. Informant..... Hospital RecordsAddress..... Cambridge, Maryland

Burial Date there..... Aug 10, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematorium..... Wicomico Memorial ParkLocation..... Dalisbury Md.18. Funeral director..... Hallway & Co. Dalisbury Md.Address..... Box 832 Dalisbury Md.

19. 8-8- 1946 John Mace Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 6 1946 at 5:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 5 1946 August 6 1946
 and that I last saw h..... er alive on..... August 6 1946

Immediate cause of death..... Arteriosclerotic cardiovascular disease DURATION..... unknown

Due to.....

Due to.....

Other conditions..... Hecubitus ulcers 3 wks.

Psychosis with Cerebral Arteriosclerosis
Fractured left femur (Include pregnancy within 3 months of death) 2 mos.

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Contributory Accident Date of June 13/46
 Accident, suicide, or homicide

Where did injury occur? Cambridge, Dorchester Maryland
 (City or town) (County) (State)

injured at home, farm, industry, public place (where?) Eastern Shore S.Hos

Means of injury Fall Injured at work?

23. SIGNATURE..... John Mace M. D. or other

Address..... Cambridge, Md. Date signed..... 8/6/46

RECEIVED

AUG 10 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

08015

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year 7 mo. 26 da.

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 1 yr. 7 mo. 26 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil CountyCity or town Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 212 Hollingsworth Manor

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Robert L. Sprouse

3.(b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Mary E. Farmer6.(c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.)

August 18, 1857

8. AGE:

Years

Months

Days

If less than one day

881117

.....hrs.

.....min.

9. Birthplace Bath County, Virginia

(Town, county, and state)

10. Usual occupation

cobbler

11. Industry or business

FATHER

12. Name

unknown

13. Birthplace

unknown

MOTHER

14. Maiden name

unknown

15. Birthplace

16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland

17. (Burial, cremation, or removal of which?)

Date thereof

(month) (day) (year)

Cemetary or crematory

Location

18. Funeral director

Address

19. Aug 5 - 46

(Date rec'd by registrar)

John Macfarlane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 19 46, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 5 19 44, to August 1 19 46and that I last saw him in alive on August 1 19 46

Immediate cause of death

arterioscleretic
cardiovascular disease

DURATION

Due to

senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed Aug 21/46

RECEIVED
AUG 7 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-M

CERTIFICATE OF DEATH

08016
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Thomas
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Home-Thomas
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Thomas
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Thomas
 (If rural, give LOCATION)
 2. (a) If veteran, name war -

3. (a) FULL NAME

J. Raymond Warfield

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Emily Wootten</u>		
6. (c) If alive, give age <u>67</u> years		
7. Birth date of deceased (mo., day, yr.) <u>Mar. 2, 1878</u>		
8. AGE: Years <u>68</u>	Months <u>5</u>	Days <u>20</u>
If less than one day hrs. min.		

9. Birthplace Dorchester Co., Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name John R. Warfield

13. Birthplace Maryland

14. Maiden name Sarah Smith

15. Birthplace Maryland

16. Informant Mrs. Emily Warfield

Address Cambridge, RFD # 3, Md.

17. Burial Date thereof Aug. 25, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 8-26-46 46 John M. ...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1946 at 6:55A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug. 18, 1946 to Aug. 22, 1946
 and that I last saw him alive on Aug. 20, 1946

Immediate cause of death
Acute myocardial failure

DURATION

1 day

Due to cystitis
hypertrophied prostate
Poss. malignancy
of gastric intestinal tract
 Other conditions -

3 wks

unknown

unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Marynow M.D.

Address 136 Race St. Cambridge, Md. Date signed Aug 23, 1946

RECEIVED

AUG 28 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2)

CERTIFICATE OF DEATH

 ★ 08017
 Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **5 yrs 7 mos 11 ds**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? **5 yrs. 7 mos. 11 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Wicomico**
 City or town..... **Rural near Salisbury**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3.(a) FULL NAME
Edward M. White

3.(b) Social Security Number

none

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced
Married

6.(b) Name of husband or wife..... **Edna B. Lafield**

6.(c) If alive, give age..... **unknown** years

7. Birth date of deceased (mo., day, yr.)
October 28 1871

8. AGE: Years Months Days If less than one day
74 9 mos 6 hrs. min.

9. Birthplace..... **Parsonsbury, Wicomico Cy. Maryland**
 (Town, county, and state)

10. Usual occupation..... **Farmer**

11. Industry or business

FATHER 12. Name..... **Benjamin Quentin White**

13. Birthplace..... **Maryland**

MOTHER 14. Maiden name..... **Mandy E. Parson**

15. Birthplace..... **Maryland**

16. Informant..... **Hospital Records**
 Address..... **Cambridge, Maryland**

17. **Burial** Date thereof..... **Aug 5, 1946**
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... **White Cemetery**

Location..... **Parsonsbury, Wicomico Cy.**

18. Funeral directed by..... **John H. H. H.**

Address..... **Cambridge, Md.**

19. **Aug 5, 46** Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **August 3** 19**46** at **4.25** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 23, 1946 to **August 3, 1946**
 and that I last saw him alive on **August 3, 1946**

Immediate cause of death.....
Cholecystitis and Hepatitis DURATION **12 ds**

Due to.....

Due to.....

Other conditions..... **Chronic Arteriosclerosis Cardiovascular** **5yr**
ar disease with failure (Include diagnosis within 6 months of death)
Dementia Precox Paranoid Type

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **John H. H. H.** M. D. or other
 Address..... **Cambridge** Date signed..... **8/3/46**

RECEIVED

AUG 7 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(50)

08018

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Andrews
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Home-Andrews
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Andrews
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Andrews
 (If rural, give LOCATION)
 2.(a) if veteran, name war -

3. (a) FULL NAME

Alice Burton Williams

3. (b) Social Security Number

220-01-7923

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Edward Williams</u>		
7. Birth date of deceased (mo., day, yr.) <u>May 4, 1892</u>		
8. AGE: Years <u>54</u> Months <u>3</u> Days <u>17</u> It less than one day <u>-</u> hrs. <u>-</u> min.		
6.(c) If alive, give age <u>74</u> years		

9. Birthplace Andrews, Dor. Co., Md.
 (Town, county, and state)
 10. Usual occupation - Tomato Stemmer - Cyster Shucker
 11. Industry or business - Agriculture + Seafood

FATHER	12. Name <u>John S. Burton + tomatoes</u>
MOTHER	13. Birthplace <u>Maryland</u>
	14. Maiden name <u>Elizabeth A. Burton</u>
	15. Birthplace <u>Maryland</u>

16. Informant Mr. Ruggie Burton
 Address Andrews, Maryland
 17. Burial Date thereof Aug. 25, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Burton Family Cemetery
 Location Andrews, Maryland.
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.
 19. Aug 22 1946 James W. Mease
 (Date read by registrar) (month) (day) (year) Loc. H. Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 21, 1946 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946 to Aug 21, 1946
 and that I last saw him alive on Aug 20, 1946

Immediate cause of death Sarcoma of Left Breast with metastasis to spleen & liver
 Due to asplenia & liver

DURATION

8 mos.

Other conditions Syphilis - reported in Baltimore April 1942
 (Include pregnancy within 3 months of death)

Major findings of operations X Date of op. -

Autopsy results X
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide X Date of -
 Where did injury occur? X (City or town) - (County) - (State)
 Injured at home, farm, industry, public place (where?) X
 Means of injury - Injured at work? -

23. SIGNATURE James W. Mease, M.D.
Fishing Creek Md M. D. or other
 Address - Date signed Aug 22/46

RECEIVED
AUG 27 1946
BUREAU V. B.

Evidence for addition of name
of county & town where death
occurred is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08019

Reg. Dist. No. 116

FILM No. I O 6 SEP 5 1946

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

John Millison (Wilson)

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Hattie Millison
6.(c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 45 Months Days If less than one day
hrs. min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name William Millison
13. Birthplace Maryland
14. Maiden name Mary Charles
15. Birthplace Maryland
16. Informant Hattie Millison

Address

17. Date thereof Aug 23
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Calvary

Location Cambridge

18. Funeral director Lewis H. Buzner

Address Cambridge

19. Aug 23 19 46 John May Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 19 46
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 to Aug 20 19 46
and that I last saw him alive on Aug 20 19 46

Immediate cause of death

Tetanus

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

John May Jr M. D. or other
Address Cambridge, Md Date signed 8-23-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 24 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08020 111

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
R.T.D.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Arthur Gorman

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Margaret Wright
 6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) February 2nd 1895

8. AGE: Years 51 Months 6 Days 15 If less than one day hrs. min.

9. Birthplace Elkton, Maryland
 (Town, county, and state)

10. Usual occupation Business Man

11. Industry or business Restaurant

12. Name William Allen Wright

13. Birthplace Elkton, Md

14. Maiden name Carolyn Maxwell

15. Birthplace Elkton Md.

16. Informant Thos. J. Wright (Son)

Address R.T.D #2 Cambridge, Md.

17. Burial Date thereof Aug. 30 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market Md.

19. Aug. 19 19 46 Elizabeth C. Smith
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 46 at 6:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 19 46, to August 17th 46 and that I last saw him alive on August 6th 19 46

Immediate cause of death Pulmonary Tuberculosis DURATION about 2 yrs

Due to

Due to

Due to

Other conditions Tuberculosis

Intermittent (Exhaustion Posture) M.O.

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Hoffland M. D. or other

Address Cambridge, Md. Date signed 8-17-46

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SEP 9 1946

BUREAU V 6